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ABSTRACT

Florida's children face the same health and welfare issues found in many other states. Changing family structure, growing poverty among families with young children, limited access to health and social services, an expanding immigrant population, and a tough state budget situation make focusing on children increasingly important for policymakers. This report presents a demographic profile of Florida's children and the state in which they live. It identifies demographic trends for the children so that accurate and timely planning of strategies can be increased. There are three major sections to the report. The first presents a wide array of demographic data profiling Florida's children and families and focusing on those dimensions that indicate which children are at risk. Also included in this section are data that help to shed light on the general demographic make-up of the state. The second section describes the nature of the state of Florida as backdrop for the lives of the children at risk. The third major section presents some of the ideas about ways in which education and health systems can work more closely together, particularly through early prevention and intervention programs, that can improve the lives of children and their families while saving money for the state. Brief descriptions of some of the programs underway in the state are also included. (TJQ)

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Florida's *YOUTH*, Florida's *FUTURE*

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The National Health/Education Consortium

Recognizing the need for better integration of health and education services for children, the National Commission to Prevent Infant Mortality and the Institute for Educational Leadership organized the NATIONAL HEALTH/EDUCATION CONSORTIUM (NHEC) in 1990. The project has brought together leaders from 57 national health and education organizations, representing nearly 12 million constituents to bridge the separate worlds of health and education into more unified action for children. Promoting the full potential of children and providing them with the best opportunities for success will require changes in the systems which currently provide health and education services.

Toward this end, NHEC's activities focus on three major goals: to improve public policy in addressing the need for a better coordinated health and education delivery system; to strengthen communication and dissemination of information between health and education programs and policymakers; and to act as a catalyst for collaborative action at the national, state, and local levels.

Major funding for the NHEC is provided by the Prudential Foundation. Additional grants have been received from the Honeywell, Metropolitan Life, and AT&T Foundations, and the Procter & Gamble Fund, as well as the U.S. Department of Health and Human Services and the U.S. Department of Education.

The Institute for Educational Leadership

The Institute for Educational Leadership (IEL), a 29 year-old not-for-profit organization based in Washington, D.C., seeks to improve policies and systems that educate and support children and families by developing and supporting leaders who work together. IEL's activities engage education and health/human service agencies, schools, school boards, advocacy groups, foundations, corporations, and all levels of government. IEL's Center for Demographic Policy provides critical data and analysis to help policy makers ask the right questions and arrive at solutions that reflect our country's changing demography. Through a national publications program, IEL disseminates information about emerging trends and issues identified by research and demographic analysis.

The National Commission to Prevent Infant Mortality

The National Commission to Prevent Infant Mortality was established by Congress in 1987 to create a national strategic plan to reduce infant mortality and morbidity in the United States. The sixteen-member Commission includes Members of Congress, the Secretary of Health and Human Service, the Comptroller General of the United States, representatives of state government, and experts in the field of maternal and child health. Knowing that many, if not most, of the answers to promoting the health of mothers and children have existed for decades, the Commission focuses on practical solutions at the federal, state, and local levels for improving the health and well-being of mothers and children. Current efforts focus on bringing national attention and a strengthened momentum to activities which promote the health and well-being of mothers, infants, and children.

PS

Florida's *YOUTH*, Florida's *FUTURE*

a report prepared for the
National Health/Education Consortium

by
Harold L. Hodgkinson
Director, Center for Demographic Policy
The Institute for Educational Leadership

August 1993

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Janice Hamilton Outtz, the Associate Director at IEL's Center for Demographic Policy, was instrumental in leading the data collection efforts as well as assisting with the writing of the report. She was also responsible for production of the report. Janice was ably assisted by Anita M. Obarakpor, Research Associate at the Center. At the Institute for Educational Leadership, I would like to extend my sincere appreciation to Michael Usdan, the President, for his guidance, support, and editorial assistance. Louise Clarke, also at the Institute, was very helpful, as usual, in getting this report to press. The opinions expressed in this report do not necessarily reflect the views or the positions of the AT & T Foundation, the National Health/Education Consortium, or the Institute for Educational Leadership.

Harold L. Hodgkinson

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Preface

August 1993

Dear Friends:

Florida's children, like too many children in states all across the country, face a host of risks to their health and well-being. They confront overwhelming social, economic, housing, health, and education problems. Minority children and those living in poverty are disproportionately affected by many of these risks.

Demographic trends tell us where the needs are greatest. The information in this report gives us all ample reason to continue to place the children of Florida in a position of high priority, recognition and action.

We need to focus on children's needs starting before they are born. Pregnant women need quality prenatal care, young children need comprehensive well child care and high quality comprehensive early childhood programs, school-age children need a growing array of preventive support services, and our teenagers need increasingly more assistance and guidance from programs available to them. We must reach out to children and families in need, not just for their sake but for all of us. When our children and families are strong, our states can be strong.

The National Health/Education Consortium hopes that by highlighting the demographic trends concerning children and families in Florida, the citizens of this state will be more motivated than ever to take appropriate action on behalf of these vulnerable citizens who most need our assistance. We welcome your thoughts on this report and, more importantly, your involvement to make the health and well-being of the children of Florida and of other states a top priority today and in the future.

Sincerely,

Lawton Chiles
Co-Chair, National Health/Education Consortium
and Chairman, NCPIM

William Woodside
Co-Chair, National Health/Education Consortium
and Chairman, IEL

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"With the birth of each baby lies our future human capital - the future doctors, scientists, architects, poets and parents of our grandchildren. Yet today, many of our youngest citizens are starting life unhealthy...By focusing on the first sixty months of life, Florida can reduce disabilities by 50 percent and minimize the effect of at-risk conditions in young children. In so doing, we'll save Florida millions of dollars and reduce illiteracy, teen pregnancy, school dropouts, unemployment, delinquency and crime."

Florida's Governor Lawton Chiles

Florida's *YOUTH*, Florida's *FUTURE*

Introduction

This report presents a demographic snapshot of Florida's children and the state in which they live.

Florida's children face the same issues found in many other states. Changing family structure, growing poverty among families with young children, limited access to health and social services, an expanding immigrant population, and a tough state budget situation make focusing on children increasingly important for policy makers.

Florida's Youth, Florida's Future is presented to identify demographic trends for the children of Florida so that accurate and timely planning of strategies can be increased. The report is one of a series of publications from the National Health/Education Consortium, an organization of over 57 national groups which have come together to promote better coordination between the worlds of health and education.

There are three major sections to this report. The first presents a wide array of demographic data profiling Florida's children and families and focusing on those dimensions that indicate which children are at risk. Also included in this section are data which help to shed light on the demographic make up of the state generally. The second section describes the nature of the state of Florida as a backdrop for the lives of the children at risk. The third major section presents some ideas about the ways in which the education and health systems can work more closely together, particularly through early prevention and intervention programs, that can improve the lives of children and their families while saving money in the state.

Florida's Children and Their Families

Children

Children are more scarce in Florida than anywhere else in the nation, with the exception of the District of Columbia. The state ranked 50th among states in the United States in 1990 in the percentage of the population under age 18 (with 22 percent) and first in the percentage of the population over age 65 (with 18 percent), according to *State Rankings, 1992*. It behooves everyone to take special care of scarce items, be they people or diamonds. Yet, Florida's amazing population growth during the 1980s, up 32.7 percent compared to the nation's growth rate of just 9.8 percent, has made polishing the diamonds, that is, children, quite challenging. (Unless otherwise noted, all data are from *The Nation and The States*. See references for complete citation.)

While the total number of children in Florida represents less than one-fourth of the population, there has been a very large increase in the youngest children, (ages zero to four years). Between 1980 and 1990, the number of children up to age four increased from 570,000 to 850,000, an increase of 280,000 (nearly 50 percent) children. Additionally, the number of children ages five to nine also increased by nearly 200,000 (31 percent), during the same time period, according to the Census Bureau. These increases suggest that to delay comprehensive statewide action now is to saddle the state with enormous expenses later.

Ninety percent (10.9 million) of Florida's people lived in metropolitan areas in 1990, while 1.9 million lived in rural areas. Access to health care and other social services is much more difficult for families in rural areas. In addition, while Florida is ranked fourth in terms of the number of people who live in metropolitan areas, it ranked 31st in 1984 (the latest year for which data are available) in use of mass transit, an important factor when low income parents want to use public transportation to get their children to the doctor or child care.

Additionally, only 30 percent of Florida's residents were born in the state. This would certainly make a sense of transiency and a lack of ownership of the state's problems very hard to overcome.

Families

Nearly two million of Florida's children were living in a household maintained by two parents in 1990. That amounts to about 67 percent of all children, according to census data from the Population Reference Bureau's, *The Challenge of Change*. More than 600,000 children (22 percent of all children) lived with a family maintained by a single parent, the mother in over 80 percent of the cases (see Table 1, next page).

There is a direct and vital link between family structure and children living in poverty, as is shown in Table 1. More than 500,000 (18 percent) of Florida's 2.9 million children are

Table 1
Florida's Children[1]
by Family Type and Poverty Status
1990

	Total Children	Children in: Married-Couple Families	Female-Headed Families	Male-Headed Families
Total	2,864,500[2]	1,914,976	513,817	107,876
Percent Increase, 1980-90	21.4	20.3	38.4	101.5
Number in Poverty	525,446[2]	182,383	297,947	31,265
Percent in Poverty	18.3	9.5	58.0	29.0
Mean Income of Families		$47,520	$16,917	$25,564

[1] Under age 18
[2] Includes children in household types not shown and children living in non-family households.
Source: Population Reference Bureau, *The Challenge of Change: What The 1990 Census Tells Us About Children*. Washington, D.C.: Center for the Study of Social Change, September 1992.

estimated by the U.S. Census Bureau to be below the poverty line. While only nine percent of Florida's children who live in married-couple households are poor, 58 percent of the children raised by a single mother have incomes below the poverty line, compared to 29 percent raised by a single father.

A child living with his or her mother will have an available income of **one-third** the income of a child living in a married-couple household. A child raised by a single father will have about one-half the income of a married-couple family with children. When a large group enters the birth cohort in any year, it is like a rock thrown into a pond, the ripples simply move out through the age range to the edge of the pond. So too with Florida's poor children. All too often the effects of poverty on the young will have a continuing impact on their lives throughout.

While these figures alone are troubling, there is more. The number of children in single-parent homes in Florida is increasing much faster than children in married-couple families. Florida can, therefore, count on a steady increase in the percentage of all children being raised below the poverty line.

The number of married-couple families with children increased 20 percent between 1980 and 1990, while the number of families maintained by single females and the number of families maintained by single males with children increased 38 percent and over 100 percent, respectively. The importance of this fact cannot be ignored, as poverty is the single most powerful predictor of children at risk, both in terms of their educational achievements and physical well-being. Even though the share of children living with their fathers only was small in 1990 (4.8 percent of all families with children), the tremendous increase of over 100 percent between 1980 and 1990 highlights a trend that should not go unnoticed.

Households vs. Families

Oftentimes these terms are used interchangeably as if they mean the same thing. They do not. A household can be, and often is, a family. A **household** can be a single person living alone; it can also be two unrelated persons living together or a group of unrelated persons living together.

A **family**, on the other hand, is all the occupants of a housing unit who are related by blood, marriage or adoption. Some families have children in them, others do not. More than one family can share a housing unit.

With more than five million households in Florida, the notion of the traditional married-couple families with children was scarce in 1990. Only 20 percent of Florida's households were made up of married couples with children, compared to 34 percent of married couples without children. Over one-fourth of all households in Florida were one-person households, many of whom are elderly, according to 1990 census data.

Another way that families have changed is in terms of the number of children with working mothers. More children in Florida (as elsewhere) have working mothers today. In 1990, over 70 percent of Florida's children under the age of 18 had mothers in the labor force, compared to 59 percent in 1980. More than six of 10 mothers of children under the age of six were in the labor force in 1990 compared to just over five of 10 in 1980.

Racial and Ethnic Diversity

Florida's minority population totaled 3.5 million in 1990. That's 27 percent of the total population of nearly 13 million. However, 36 percent of Florida's 2.9 million children are minority (see Table 2, next page), a figure expected to reach 53 percent by 2010. By then, Florida's future will include the most rapidly expanding minority youth population in the nation. By 2010, it will make little sense to refer to Florida's non-Anglo youth as "minorities" when they will make up more than half of the state's youth population. (In 2010, four states--California, New York, Texas and

Table 2
Florida's Children
by Race and Ethnicity, 1990
(in thousands)

	Number	Percent
Non-Hispanic White	1,839	64.2
Total Minority	1,026	35.8
African American	591	20.6
Hispanic	384	13.4
Asian	41	1.4
Native American	10	0.4
Total Children	2,865	100.0

Note: Totals may not add exactly because of rounding.
Source: Population Reference Bureau, *The Challenge of Change: What The 1990 Census Tells Us About Children.* Washington, D.C.: Center for the Study of Social Policy, September 1992.

Florida, will contain about one-third of the nation's youth, and all four states will have a youth "minority majority" population. By comparison, Maine's youth will be three percent minority in 2010.)

An examination of Florida's total population by race and ethnicity shows the diversity in the state even more (see Table 3, next page). In addition, the "mix" in Florida is unique with large numbers of Puerto Rican and Cuban Americans and a small, but very diverse group of Asian Americans.

Florida has a substantial minority middle class. Miami has 291,000 black suburbanites, 22.5 percent of all suburban residents. This is the fourth largest number in the nation, according to *American Demographics* magazine. (Data on Asian and Hispanic suburbanites are not available.)

It is important to point out that **everyone** benefits by having a large middle class, as these are stable families, taxpayers, and individuals who save and invest their earnings in Florida's future. Middle class residents generally contribute more in taxes than they take away in health care and education services.

Children At Risk

First, it should be pointed out that to be at risk is **not** to be doomed to failure. Any number of young people who come from the worst environments can eventually make distinguished contributions to American life. However, they are working against odds, which can be formidable.

Before considering specific risk factors, it might be wise to gauge the severity of the problem of being at risk. According to data on children compiled by the Annie E. Casey Foundation in its 1993 publication: *Kids Count Data Book*, Florida ranked 45th of 51 states and the District of Columbia on measures of child well-being. The rankings are based on 10 measures which include infant mortality, teenage births, juvenile crime rates and child death rates. Just one year earlier in 1992, Florida ranked 43rd, or slightly better, on the same risk variables while ranking a much higher 17th in terms of per

Table 3
Florida's Population by Race and Ethnicity, 1990
(in thousands)

	Number	Percent of Total
Total, All Races[1]	12,938	100.0
White	10,749	83.1
African American	1,760	13.6
Total, Asian[2]	154	1.2
Chinese	31	0.2
Asian Indian	31	0.2
Filipino	32	0.2
Japanese	9	0.06
Korean	12	0.09
Vietnamese	16	0.1
American Indian, Eskimo, Aleut	36	0.3
Total, Hispanic[3]	1,574	12.2
Mexican	161	1.2
Puerto Rican	247	1.9
Cuban	674	5.2
Other Hispanic	492	3.8

Percents may not add exactly because of rounding.
[1] Includes other races, not shown separately.
[2] Includes other Asian and Pacific Islander races not shown separately.
[3] Persons of Hispanic origin may be of any race.
Source: U.S. Bureau of the Census

capita income. The discrepancy between Florida's income and children at risk is one of the largest in the nation.

A second general assessment of Florida's risk factors showed that Florida ranked 41st among 50 states in the relative healthiness of its population. This ranking by the National Life Insurance Company (1992) included 17 indicators, such as disease rates, access to health care, disability and mortality.

Despite the relative wealth of its citizens, it is clear that Florida will have to work hard to assure good health and welfare for its citizens, especially its youth. There are costs for dealing with these issues, and the costs are high. However, the costs of **not** dealing with the problems are incomparably greater, as can be seen from looking at some specific health risks for children in Florida.

Dealing With At Risk Children -- Some Specifics

Health Risks

The best strategy for dealing with the problem of at-risk babies is a comprehensive program of parent education and prenatal care. If all pregnant women in Florida received such services, the state would save an estimated $175 million in services that would no longer be needed. The problems associated with the nearly 20 percent of babies born with disabilities would be sharply curtailed.

Unfortunately, nearly 28 percent of Florida's pregnant women do not begin

prenatal care in the first three months of pregnancy, and over seven percent of its babies are born low birth weight (less than five and one-half pounds). Both of these are known to be key factors affecting infant mortality rates and health care costs. Florida has some distance to cover in these areas. In 1990, Florida ranked 43rd among states in the percentage of women entering early prenatal care, 34th in the rate of low birth weight and 32nd in infant mortality. Florida must improve these statistics not only for the health of its children, but for the financial well-being of its families, businesses, and health care system.

If Florida can reduce teen pregnancy from the current rate of almost 10 percent down to four percent, Florida would save $233 million in long-term services, including Aid to Families with Dependent Children (AFDC), Medicaid and food stamps for teen mothers. Teen pregnancies cost the state of Florida $22,000 per birth.

Teen pregnancy also takes a toll on high school education. Thousands of young women in Florida could complete high school if they did not have the burden of being a teen parent. There are proven ways to deal with the problem, however. For those who do become teen parents, the Florida Department of Education's Teen Parent program has reduced the high school dropout rate by over 50 percent to a remarkable 17 percent during the 1991-92 school year, according to the Gadsden County Public Schools. Similarly, the Gadsden County school-based clinic at Shanks High School was able to reduce the rate of teen pregnancy by 50 percent in the first two years of the program. Whether located in a school or a health care clinic, such programs can be remarkably effective.

It is important to understand that parents with higher educational levels, at least a high school education, will more likely be able to recognize problems with their children and take appropriate action. Thus, the **ideal** prevention program begins at home, with caring, well-educated parents. When these parents spot problems, they know how to get in touch with the service providers in their communities who can help them resolve the situation. They are also better prepared to prevent health problems from ever occurring in the first place.

One example of the need for parent education in Florida is the fact that 44 percent of Florida's high risk two-year olds are not immunized. Toddlers who are not immunized tend to reside in low income, uninsured families. Their parents tend not to be well-educated and may have received no information on the importance of immunizations. Education and health are very closely related and each needs the other to be successful.

Special Problems of Prenatal Drug Exposure

The placenta does not filter out dangerous substances such as nicotine, alcohol and cocaine that circulate through the pregnant mother's system. In addition, diseases such as syphilis, hepatitis and the HIV/AIDS virus can also be transmitted from mother to child. These have all proven to be harmful to infants. An estimated 17,000 newborns

test positive for cocaine at birth in Florida each year. Few other states test for drugs prior to birth, so there is no norm against which to check these numbers. It does appear, however, that between 70 and 90 percent of such children will likely experience some adverse consequences, but current research is not conclusive on the long-term effects of a mother's drug use on her baby. Child development research does show, however, that the earlier the intervention on these extremely at-risk youngsters, the better the outcome.

In 1991, Florida had the second highest rate of AIDS cases in the nation. The case rate for the United States was 16.6 per 100,000 people; Florida's was 33.3, second only to the rate for New York of 45.3. The lowest rate was South Dakota with a rate of 0.4. At least one-third of the children born to HIV-infected mothers will also contract the HIV virus.

Congenital syphilis (that which is passed from mother to newborn) rates in Florida were six times greater than the national average in 1989, 135 per 1,000 live births versus 21 for the United States. Again, education regarding the symptoms and treatment of sexually transmitted diseases along with available and affordable services could effectively reduce transmission to newborns, where detection and treatment are more difficult and prognosis potentially much more grim.

Education Risks

Florida is a highly transient, rapidly growing state with people moving in and out with great frequency. Only 30 percent of the population in 1990 was born in the state. The supply of children entering the school system is increasing faster than the population in the state, necessitating rapidly increased human and fiscal resources just to "stay even." The 1990s do not look like a decade in which public funds from any of the three government sources: local, state or federal, will show major increases. Nonetheless, Florida will have to build a lot of new schools to accommodate the increasing number of students. Furthermore, schools will have to make many more adjustments to accommodate a student population that is increasingly diverse in a number of ways.

By 2010, the Census Bureau estimates that 53 percent of Florida's youth will be "minority," a term which loses its meaning at that point. The increasing percentage of children from single-parent homes virtually assures a steady increase in the percentage of children in poverty. Add to this the number of children who tested positive for cocaine and other illegal substances at birth, those born with physical and/or mental disabilities, and an increasing number of children of immigrant parents who do not speak English at home, and the result is a real challenge for any school system.

There are several indicators that are related to dropping out of school. According to the U.S. Department of Education, these factors are: parent educational level; household income; the child repeating a grade; living with a single parent; low English skills; or the fact that a child spends three hours a day or more home alone. In the case of

Florida, the dropout rate alone is cause for grave concern. Only 61.5 percent of Florida's high school students graduated "on time" in 1990, the lowest level of any state with the exception of Mississippi. The U.S. Department of Education's *Wall Chart* for 1988 showed Florida with the lowest graduation rate. In 1990, Florida was still one of the five states with the lowest high school graduation rate.

While youth are dropping out of Florida schools in great numbers, adults in the general population are above the national average in terms of some measures of educational attainment. Seventy-eight percent of Florida's adults (over age 25) have completed high school, compared to 77 percent for the nation. However, only 58 percent of Florida's black adults have completed high school. This is nearly seven percentage points behind the figure for the nation. By comparison, over 80 percent of Florida's white adults are high school graduates.

The discrepancy between racial groups is even more striking in college attainment and is similar to the nationwide experience. Nearly 20 percent of Florida's adult population overall have four or more years of college (compared to 21 percent for the nation). However, only 11 percent of the state's black adults are college graduates compared to 21 percent of whites in the state. By comparison, in the United States, nearly 12 percent of blacks have four or more years compared to 22 percent for whites. (Data for Hispanics are not available.)

The Florida education pipeline (those students coming through the system) is clogged at the high school graduation level for black adults which is 20 percent lower than the level for white adults. This "clog" must be removed before the pipeline in higher education can be enlarged. Current data show that 23 percent of Florida's higher education students are minority, while 38 percent of public high school students are. The diversity in Florida's higher education enrollment is shown in Table 4 below.

The largest number of students are enrolled in Florida's 28 public two-year colleges. These colleges are likely to continue to play a major role in increasing the access to higher education for minorities and low income people in the state. In 17 short years, the pre-college population will be 53 percent minority. Certainly a major increase in the size of the minority student body in higher education will take place by that time, as well as an expansion of the higher education student body as a

Table 4
Students Enrolled in Florida's Institutions of Higher Education

Total Students	538,389
White	397,800
African American	53,400
Asian	10,871
Hispanic (of any race)	58,490
Native American	1,616
Foreign Students	16,132

Source: *Chronicle of Higher Education*, "Almanac," August 26, 1992.

whole. During 1992-93, Florida will produce an estimated 78,640 high school graduates. In 2001-02, there will be 124,940, according to data from the *Chronicle of Higher Education* Almanac.

With about 78,000 high school diplomas awarded in 1992-93, Florida is currently awarding 35,673 General Education Diplomas (GED), according to the *Chronicle*. While nationally about one in five diplomas is a GED, in Florida it is one in **two**. Particularly for the Florida black adult population, the GED represents an inexpensive, easily accessible way to at least finish high school, if not "leapfrog" the barriers to higher education and a better quality of life.

Returning to the youngest end of the educational system, we find that Florida had 20,567 children enrolled in Head Start programs during 1992, at an average cost of only $3,282 or $16.00 per day. The U.S. average cost was $3,415, according to a 1992 report from the House Committee on Aging and Human Services.

Also during 1992, 19,035 three and four year olds (who are free-lunch eligible) were served in the state's Pre-kindergarten Early Intervention program at a rate of $20.00 per day. An additional 29,186 three and four year olds were served in subsidized child care programs at an average reimbursed rate of $12.50 per day. The preschool program for three and four year olds with disabilities served and additional 15,000 children.

About 12 percent of Florida's school-age children were enrolled in special education programs during the 1990-91 school year, close to the U.S. average. The figure of 17.8 percent of Florida children who did not speak English at home in 1990 seems high, but not compared to California's 35 percent, New York's 23 percent, or Texas' 28 percent.

Curiously, two federal programs that benefit poor children have opposite participant rates. Florida ranks fourth in participation in the National School Lunch Program, but 44th in participation in the AFDC program. One plausible explanation is that eligibility standards for AFDC are set by each state and the AFDC program requires a state contribution, which Florida taxpayers are not eager to give, while the School Lunch program does not require a state contribution.

One optimistic note is that during the 1980s, Florida did not lose a lot of ground on most education indicators. On estimated per pupil expenditures for 1991-1992, Florida was spending $4,910 compared to a national average of $4,639. New Jersey, by comparison, was spending $9,246.

In general, the education data reflect a state with sharply increasing challenges during the 1990s: increased enrollment pressure from preschool to graduate school; an increase in the number of students from poverty backgrounds; an increase in the number of students from diverse ethnic and cultural backgrounds; an increase in the number of students with special education needs; and increased spending pressures from other areas such as prisons and criminal justice. The level of effort Florida produced during the 1980s will not be enough to "stay even" based on the increasing challenges. The

implication of these data is that the state must strongly focus on early prevention efforts so that children entering the school system are healthy and ready to learn and that the school system must prepare for a larger population of at-risk children to educate.

Bridging the Gap Between Health and Education in Florida

Although it is not easy in any state, achieving political consensus in Florida is particularly difficult. Demographically, the state is extremely diverse. The "newly arrived" communities of Tampa, Orlando and even the rebuilding of Miami are a long way from the capitol in Tallahassee. In addition, the Governor's Cabinet, which also serves as the State Board of Education, consists of a group of elected officials whose independence from gubernatorial influence is great. Members of the legislature are subjected to strong special interest pressures. For example, the average state legislator in the United States has 4.47 registered lobbyists to see, according to *State Rankings, 1992*. The average Florida legislator has 19.5! The poor, the sick, children and the indigent elderly, or Florida's 1.9 million rural residents are not likely to be able to hire lobbyists, and thus are at a political disadvantage. Given this view, it is impressive that Florida has developed as many programs for these groups as it has. Almost nothing is distributed evenly across Florida, not wealth, not the elderly, not racial or ethnic diversity, not job skills, and not high tech industries. Because Florida is so geographically huge, encompassing two time zones, very few Floridians have become accustomed to local, single issue politics.

The Florida tradition has included great resistance to tax increases (mentioning the very words "personal income tax" is considered a political liability in the state). Rather, tax increases have come in part from the increased number of taxpayers. One of the truly remarkable things about Florida is that during the last two decades, jobs increased even more rapidly than the population, allowing the comfortable assumption that population growth inevitably leads to economic growth. With this kind of thinking, *"the future will take care of itself,"* it is easy to put aside things like infrastructure maintenance. As a result, Florida has the highest percentage (57 percent) of interstate highway miles rated in poor condition in the nation. Minnesota, by comparison, is two percent, although the two states are within $100 of having the same per capita income. The Minnesota mind set is to prepare for the future by preventive maintenance on **both** bridges and people. Developing a sense of urgency about investing in the future will be important to create strategies which emphasize prevention, especially where children are concerned.

The sense of urgency will have to involve all three financial streams of tax dollars: local, state and federal. In addition, it will have to involve the public sector joining hands with the private sector to develop partnerships for prevention. As has been pointed out, Florida is very good at participating in federal programs that do not require state contributions. The state ranked 50th in

per capita state and local government revenues from the federal government in 1990, according to *State Rankings, 1992*.

As the three public sector income streams interact, it should be clear that small state contributions to federal programs can return major dividends. In addition, Florida ranked 47th in per capita state government revenues in 1990 ($1,845), and 11th in **local** government revenues per capita in the same year ($2,430). Local government revenue generation seems to be more effective than state efforts in Florida, perhaps due to the complete lack of a state personal income tax.

One of the really fortunate characteristics of Florida is that its major metropolitan areas are relatively new, and the suburban expansions during the 1980s did not require the virtual demise of the core cities, as was often the case with older urban areas in the United States during the decade. This means (again) that with minimal investment in core cities **now**, Florida could prevent a great deal of deterioration in future years. With an increasingly elderly population, one can count on a larger number of people who will become very dependent on public transportation. This is another area in which Florida has deferred action, although 90 percent of its almost three million residents live in metropolitan areas. Good mass transportation becomes a key factor in increasing self-sufficiency for a wide variety of Florida's citizens, from the elderly to single mothers who cannot afford a personal car. Without mass transportation, more urban families may be unable to access quality health care, leaving a very high price tag to be paid in the future.

Opportunities for Collaboration

The data presented thus far in this report make a strong conceptual case for the relationship between health and educational risk factors for Florida's youth population. Poorly educated parents are likely to have children who are: (a) at risk of poor health, and (b) likely to do poorly in school and eventually drop out of high school. More often than not, children raised by single parents live in poverty, the most pervasive single factor in predicting health and educational risk. A pregnant mother who transfers dangerous or addictive substances to her baby during pregnancy is creating a child who has a heightened chance to develop problems that can be costly for both the education and health care systems. Over 70 percent of Florida's 44,000 prisoners are high school dropouts. Each prisoner costs the Florida taxpayer over $22,000 in 1991, enough to send five students to college for a year or to put six of Florida's poor children into a Head Start program for a year.

Similarly, a better educated Florida adult population would likely detect problems with their children, from the prenatal period to teenage years, early enough in many cases to prevent permanent damage. Neither health care nor education services can function maximally in Florida unless the other is doing well.

The bottom line is that health influences education and education influences health. The two areas are inextricably linked and improving one automatically improves the other. Strengthening the link between health and education is a smart, efficient and effective way to target prevention dollars to get the maximum benefit from scarce funds. Just as the problems of at-risk children are multidimensional, so too must be the solutions.

Florida's Accomplishments in Health and Education

There have been many steps taken already by Florida's leadership in terms of eliminating some of the risk factors for many of the problems mentioned earlier. A wide range of initiatives is underway in the state. Examples of some of the programs are listed below.

- **The Florida Health Care Reform Act of 1992 and the Health Care and Insurance Reform Act of 1993** were proposed by Governor Chiles and passed by the Legislature. The 1992 omnibus legislation creates a new agency, the Agency for Health Care Administration, with responsibility to report back to the legislature on the two phases of the plan by December 31, 1993. Phase One relies on a voluntary effort of the private sector to provide basic health care coverage and cost containment. Phase Two involves a regulatory strategy if Phase One does not meet state target levels. The law mandates simplification and collaboration in health care delivery.

  The 1993 law establishes a voluntary system of managed completion whereby individuals, businesses, and government in any given area can pool their resources to purchase high quality health care at the best price. Although much needs to be decided, there is agreement that pregnant mothers and newborns will be covered by the first funding.

- **Healthy Start**, also a gubernatorial initiative, was enacted by the legislature in 1991 to improve access to prenatal and infant care for all women and babies. Through a number of statewide initiatives including outreach to at-risk populations, improving the accessibility of primary health care in rural areas, creating community-based coalitions to target activities to local needs, and improving Medicaid coverage of pregnant women and infants, Healthy Start aims to reduce infant mortality and improve children's chances to have a good start in life and ultimately be able to learn and achieve in school.

- **The Healthy Kids Corporation** was created in 1990 by the Florida Legislature to explore using school enrollment as a grouping mechanism for comprehensive and affordable health coverage for children and their families. The program is

currently being tested in Volusia County. A second project is underway in Highlands County. There has been much collaboration between the Florida Departments of Education and Health and Rehabilitative Services.

- **Dade County Head Start** program has developed a program which involves intensive staff training to integrate HIV/AIDS children into their on-going program.

- **Florida's First Start** program supports parents as children's first teachers. Trained parent educators make home visits at least monthly and participating schools have developed parent resource centers.

- **Supplemental School Health** projects in 203 schools are joint ventures by the schools and County Public Health Units creating health clinics at school sites.

- **Full Service School** initiative brings health, education and social services personnel and programs together at or near 134 school sites to integrate the services families use which help them support their children's performance in school.

- **Public Education Capital Outlay (PECO) funds for Full Service Schools** supports the renovation, remodeling or new construction and equipping of facilities to house programs and personnel from health and social service agencies at school sites.

- **State Coordinating Council for Early Childhood Services,** established in 1989, oversees the Intra and Interagency collaboration between Education and Health and Rehabilitative Services in the areas of health, early childhood education and care programs, training, and services to at risk pregnant women, and pregnant or parenting teens, young children and their families. The Council represents children and family interests outside of state government.

- **Department of Education and Health and Rehabilitative Services Joint Strategic Plan for Prevention and Early Intervention** is required by statue and lays out in biennial updates the two agencies' combined agendas for prevention and early intervention.

- **Blueprint 2000** is Florida's plan for restructuring public education. Enacted in 1991, the goals, performance standards and key data elements focus on interagency collaboration in the areas of readiness for school, retrieval of dropouts, health and safety in the school environment and family literacy as a means for achieving the targeted outcomes for students performance. School boards will enter into cooperative agreements with health and social service agencies to provide for needs assessments, strategic

plans, service delivery and annual reporting to the public on the status of children and their families.

- **Children's Services Councils** exist in 21 of Florida's 67 counties. Six have taxing authority and another fifteen operate with county funding or in an advisory capacity to local government.

- **Pre-kindergarten Interagency Coordinating Councils** exist in each of the state's 67 counties and represent the interests of the school board, Head Start, Central Agencies for Child Care, parents, health and social service providers and child advocacy organizations in matters relating to the development and implementation of the Prekindergarten Early Intervention program, Florida First Start and the School board operated Teenage Parent Program.

A More Coherent Strategy for Collaboration in Florida

There is a role for the state, cities and metropolitan areas as well as communities to play in education/health care collaboration in Florida. Each will be addressed in turn.

At the state level, the commitment to intersector collaboration can be demonstrated by:

- Joint legislative committee hearings when issues involve both education and health (as in the development of a statewide prevention program and strategy).

- Joint budget awards to the Education and Health and Rehabilitative Services departments for joint projects, with responsibilities of each spelled out, and reporting mechanisms clarified.

- Use of the Governor's message to define and clarify state goals in education and health, and the use of joint agency activity to achieve these goals. The budget presentation to the Legislature can earmark funds for collaborative activity, particularly in the prevention area.

- Developing rewards for state agencies that use collaboration effectively, looking not only at the processes undertaken, but also at the outcomes achieved.

- Indicating **by example** that collaboration is a vital force for getting the state agenda accomplished.

At the city or metropolitan area level:

- The Mayor can define the necessity of collaboration to the City Council. Objectives for city development are defined across city departments.

- The school board in each country can take the lead and collaborate with other local leaders and community agencies. This will be critical as school boards are required to enter into cooperative

agreements with communiting agencies as needed to help schools meet the education reform goals laid out in Bluprint 2000.

- Budget approval processes can reflect collaborative agendas (e.g., reduction of teen pregnancy or juvenile violence).

- Agency heads are held accountable and rewarded for the success of collaborative projects.

- In Metropolitan Planning Authorities, explicit notice can be taken of the problem of income generated in the city being spent in the suburbs, and the necessity of some collaboration within the metropolitan area. This is vital for Tampa, Orlando, Miami, Jacksonville and the Palms. Some form of metropolitan area governance will emerge during the next decade.

At the neighborhood or community level:

- Here is where the "rubber meets the road" in providing services to individuals and families. It is the level where collaboration makes the most sense and has the most direct benefits for citizens as well as for health and education professionals.

- The level of collaboration at this level can often show rapid and spectacular results, particularly with prevention programs. Some examples are: the reduction of teen pregnancy, increasing high school graduation rates, providing Head Start-like programs for all eligible children, holding community-wide blitzes to get all infants and toddlers immunized, starting resource mother or home visiting outreach programs, soliciting and training volunteers, etc..

- Even in neighborhoods, educators and health care professional may not know each other and should be brought together. Community groups can represent a wide range of backgrounds, experiences and cultures, valuable to the collaborative process and outcomes. Many community resources can be brought into the action, particularly churches, Rotary and other service clubs, Red Cross, Boy and Girl Scouts, PTAs. The first project should be a fairly low-risk "winner" that everyone can be proud of.

- In rural and in highly transient urban communities, it is difficult to establish continuity in community involvement and support. Sometimes it is best to let some individuals come and go as needed, as long as the major groups are represented and the work gets done.

- One of the major "unforeseen benefits" of such collaboration can be a major increase in the educator's knowledge of the health care system as it actually

operates, and vice versa. A teacher who can recognize the signs of physical and psychological problems, and who has friends in the health care system, will be a more valuable professional in education.

Conclusion

Florida is at a crucial juncture in terms of its resource investment strategy. The political process must balance competing special interests and work to put prevention programs in place. The long-term benefits from doing so are clear. Yet, it is difficult for the political process to patiently wait the 14 years to demonstrate that a child who is enrolled in a Head Start program and has quality health care will be more likely to graduate from high school and become a productive citizen of the state!

Florida has assembled some of the most thoughtful, carefully researched, well-written analyses of the state's problems of any state in the Union. What remains a challenge, however, is sticking with an agreed upon prevention strategy over time. Just staying even will not be sufficient to avoid the growing dangers faced by a growing number of children at risk in Florida.

Governor Chiles has already taken some important steps with efforts such as Healthy Start and health care reform through the Florida Health Plan. These efforts are still new and much remains to be done. The importance of linking health and education to save lives and money remains a top priority.

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